

51 Titles

# COMPONENT PART NOTICE

THIS PAPER IS A COMPONENT PART OF THE FOLLOWING COMPILATION REPORT:

TITLE: Proceedings of the Symposium on Psychology in the Department OD Defense  
(13th) Held in Colorado Springs, Colorado on 15-17 April 1992.

TO ORDER THE COMPLETE COMPILATION REPORT, USE A253 006

THE COMPONENT PART IS PROVIDED HERE TO ALLOW USERS ACCESS TO INDIVIDUALLY AUTHORED SECTIONS OF PROCEEDING, ANNALS, SYMPOSIA, ETC. HOWEVER, THE COMPONENT SHOULD BE CONSIDERED WITHIN THE CONTEXT OF THE OVERALL COMPILATION REPORT AND NOT AS A STAND-ALONE TECHNICAL REPORT.

THE FOLLOWING COMPONENT PART NUMBERS COMPRISE THE COMPILATION REPORT:

AD#: ADP006 913 AD#: ADP006 963  
AD#: \_\_\_\_\_ AD#: \_\_\_\_\_  
AD#: \_\_\_\_\_ AD#: \_\_\_\_\_

Accession For	
NTIS CRA&I	<input checked="checked" type="checkbox"/>
DTIC TAB	<input type="checkbox"/>
Unannounced	<input type="checkbox"/>
Justification .....	
By .....	
Distribution /	
Availability Codes	
Dist	Avail and/or Special
A-1	

**DTIC**  
**ELECTE**  
**JUL 07 1992**  
**S A D**

This document has been approved  
for public release and sale; its  
distribution is unlimited.

Army Medical Service Corps Reserve Personnel  
Demobilized After Operation Desert Shield/Storm

A. David Mangelsdorff, Ph.D., M.P.H.  
US Army Health Care Studies and  
Clinical Investigation Activity  
Health Services Command (ATTN:HSHN-T)  
Fort Sam Houston, Texas 78234-6060

AD-P006 962



Army Reserve medical personnel were surveyed as they demobilized after Operation Desert Shield/Storm. Responses of Medical Service Corps personnel were compared between Administrators and Health Service Providers. Predictive models were developed.

United States armed forces are structured according to a Total Force Policy. In the Army, roughly 75% of the medical assets are in the Reserve Components while the remainder are Active Components personnel. During Operation Desert Shield/Desert Storm many reserve medical unit personnel were mobilized.

Headquarters, U.S. Army Health Services Command (HQ HSC) requested assistance in the development and scoring of a questionnaire to assess attitudes of the 10,000 Army Reserve medical personnel from 53 units who were mobilized to stations in continental United States during Operation Desert Shield/Storm. The completed report details the findings (Mangelsdorff, Twist & Moses, 1991). This report will examine the results of surveys administered to Army Reserve Medical Service Corps personnel during demobilization after Desert Storm.

#### Method

Survey packets were sent from HQ HSC to installations where reserve units were demobilizing after Desert Storm. Surveys were administered, collected, and return to HQ HSC for processing. The surveys consisted of 13 demographic and 38 6-point Likert items (1 = strongly disagree to 5 = strongly agree, 6 = non applicable/missing). Descriptive and comparative statistics were computed.

#### Results

Survey responses were received from 3,930 reservists. The overall sample was 58.6% male, 15.7% dual family member, 59.4% married. Personnel were grouped according to rank, years of service, occupational specialty, and reserve category (Troop Program Unit, Individual Mobilization Augmentee, Individual Ready Reserve). The reserve personnel had an average of 10.6 years in service.

92-17695



Of the reservists responding, 244 were Medical Service Corps officers. Of these, 121 were in the 67 MOS series (Administrators) while 123 were in the 68 MOS series (Health service providers). The Administrators had an average of 16.0 years of service, 71.9% were in Troop Program Units (TPUs), 78.5% were male, 12.3% dual family member, 69.4% married, 48.7% were company grade, and 25.5% had 21 or more years of service. The Health service providers had an average of 17.1 years of service, 73.9% in TPUs, 89.4% male, 9.7% dual family member, 84.5% married, 29.2% company grade officers, and 30.0% had 21 or more years of service.

There were significant differences between the Administrators and the Health service providers on a number of items. The Health service providers were less satisfied with the clarity of the reporting instructions to the mobilization station ( $p < .01$ ). The Administrators were less satisfied throughout the mobilization process with the communication from the installation ( $p < .02$ ). The Health service providers believed their active duty assignment was more similar to their reserve assignment ( $p < .01$ ). The Administrators reported having suffered financially more because of being mobilized ( $p < .08$ ), with the effect being greatest for those who were married ( $p < .05$ ).

The stepwise multiple regression models for predicting "probability remain in service until eligible to retire" showed differences between Administrators and Health service providers. For Administrators, the most salient variables were "At time called, unit was well prepared", "Active duty assignment is similar to reserve assignment", and "Years of service." For the Health service providers, the most salient variables were "Transition from the reserve components to active duty was easy" and "Eager to serve country."

The reservists were pleased with their experiences, though there were significant concerns expressed about the lack of communication and information provided. The fragmentation of units was not adequately explained.

When there was communication from the parent unit, there was more likely communication from the installation, and support from the parent unit. Units from units that provided the information were well prepared and they contributed to the mission.

The reservists were eager to serve their country. The soldier's participation was supported by the spouse. Since a high percentage of the sample were married, having family support is important. The support of the spouse was critical in soldiers planning to remain in the reserves until eligible to retire.

Soldiers who felt they were well utilized during mobilization were likely to report their contribution to the mission was significant and that they were given responsibilities commensurate with their rank and expertise. The reservists felt part of the active Army medical team at the receiving units.

## Discussion

As the United States Army involves its Reserve and National Guard units more in Total Army efforts, it becomes important to assess the morale and cohesion of Reserve and Guard units. Mangelsdorff and associates (1988, 1990) have examined unit climate and morale in some Reserve and Guard units; the levels of morale of selected Reserve and Guard units were comparable to those of active duty units.

In the survey of reservists being demobilized after Operation Desert Storm, the sample was predominantly from Troop Program Units. In general, the Medical Service Corps reservists were pleased with their experiences, though there were significant concerns expressed about the lack of communication and information provided. The fragmentation of units was not adequately explained. These findings paralleled those found in the overall sample.

The Administrators felt they had suffered more financially because of being mobilized; this might be explained as they were of lower rank and had less time in service. The effect was most noticeable with the married personnel.

As unit members, reserve personnel report pride and unit cohesion. Reservists reported to have maintained their professional and military skills; the majority reported being ready if mobilized. After being mobilized, some attitudes changed. As reported during the demobilization process, there were a number of dissatisfiers particularly with respect to the fragmentation of units, redistribution of personnel, financial losses associated with mobilization, and the inadequacy of communication of information. Concerns for family support and business care plans have become more critical. These factors may affect the decisions to resign or remain in the reserves. Based on the variations between the Army Medical Service Corps Administrators and Health service providers, different factors motivate the reservists and may play a part in determining whether they remain in the reserves. Army leadership and policy makers will have to address these concerns.

## References

- Mangelsdorff, A.D. (1988). Texas National Guard: Unit Climate Survey Pilot Project. (Consultation Report #88-004). Fort Sam Houston, TX: Health Care Studies and Clinical Investigation Activity.
- Mangelsdorff, A.D., Stokes, J.W., & Jacobs, H. (1990). Cohesion in Army Reserve Units. In Proceedings, Psychology in the DoD, 12th Symposium, April 1990, USAFA-TR-90-1, pp. 303-307. Colorado Springs, CO: USAF Academy Department of Behavioral Sciences and Leadership.
- Mangelsdorff, A.D., Twist, P.A., & Moses, G.R. (1991). Survey of Mobilized Reserve Components Army Medical Personnel. (Consultation Report #91-008). Fort Sam Houston, TX: Health Care Studies and Clinical Investigation Activity.